

REISSUE PATENT APPLICATION TRANSMITTAL

08/26/99
09/30/99
3525 U.S. PTO

Address to:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

Attorney Docket No.	35.C5745 CIP/C3/REI
First Named Inventor	SEISHIRO YOSHIOKA ET AL.
Original Patent Number	5,661,362
Original Patent Issue Date (Month/Day/Year)	August 26, 1997
Express Mail Label No.	
Total Pages	73

APPLICATION FOR REISSUE OF:
(check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS

1. ☐ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☐ Reissue Oath/Declaration (original or copy)
(37 CFR 1.175) (PTO/SB/51 or 52)
5. Original U.S. Patent
☐ Offer to Surrender Original Patent (37 CFR 1.178)
(PTO/SB/53 or PTO/SB/54)
or ☐ Ribbonded Original Patent Grant
☐ Affidavit/Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☐ Written Consent of all Assignees (PTO/SB/53 or 54)
☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney

ACCOMPANYING APPLICATION PARTS

7. ☒ Transfer Drawings from Patent File
8. ☐ Foreign Priority Claim (35 USC 119)
9. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
10. ☐ English Translation of Reissue Oath/Declaration (if applicable)
11. ☐ Small Entity Statement(s) ☐ Statement filed in prior application Status still proper and desired
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Other: _____

15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

05514

(Insert Customer No. or Attach bar code label here)

or



Correspondence address below

NAME					
ADDRESS					
CITY	STATE	ZIP CODE			
COUNTRY	TELEPHONE	FAX			



CLAIMS		(4) RATE	(5) CALCULATIONS
	Claims in excess of twenty and also in excess of the number of claims in the original patent =	22	X \$ 18.00 = \$ 396.00
	Independent claims in excess of the number of independent claims in the original patent =	5	X \$ 78.00 = \$ 390.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))	\$260.00 =	\$
		BASIC FEE (37 CFR 1.16(a))	\$760.00
	Total of above Calculations =		\$
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).		
	TOTAL =		\$1,546.00

16. Small entity status

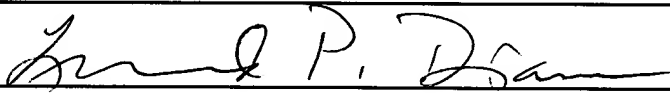
- a. ☐ A Small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

17. ☒ A check in the amount of \$1,546.00 is enclosed.

18. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	LEONARD P. DIANA, REG. NO. 29,296
SIGNATURE	
DATE	August 25, 1999

a:35c5745.tm